

ALTUS FINANCIAL SERVICES SME ONBOARDING FORM					
TYPE OF FACILITY REQUIRED (Please Tick)					
Invoice Discounting		Fuel			
Order Finance		Motor Insurance			
Working Capital		Insurance Bonds			

PART I - PERSONAL DATA				
Name of the entity:				
Registration No:		Date of Registration:		
VAT No		Pin No:		
Type of Entity (tick)	Limited Co: ( ) Sole Proprietor : ( ) Partnership: ( ) Club ( ) Others ( )			
If Sole Proprietor: Name of Spouse				
Mailing Address			Email address:	
Physical Address:	Town;	Street:	Plot No:	
	Building:	(Attach Sketch Map)		
Tel Number			Mobile line Nr:	
Business Premises Tenure (Tick)	Rented: ( ) Owned: ( ) Other (specify):			
If Rented : Lease Period	Months/Yrs. Remaining Period: Months/Yrs Rent Payable (K'000'):			
PART II - PARTICULARS OF PROPRIETORS				
	Name	ID No	Address	% Ownership
1				
2				
3				
4				
<b>NB: Attach Memorandum and Articles of Association, Board of directors resolution, minutes e.t.c</b>				
PART III - ECONOMIC ACTIVITY				
Type Of Business (Retail, wholesale, service, manufacturing, mining or Other specify):				
Years in Operation	Number of Employees:		Loan Cycle Nr:	
Business Sector: (Tick)	Trade: ( ) Production: ( ) Service: ( ) Agric: ( ) Other (Specify below):			
Business Activity details				
Estimated value of business assets:	Gross monthly sales:		Estimated % of margins:	
PART IV - LOAN INFORMATION				
Amount of loan applied	Purpose of loan:		Loan term desired: (Months)	

for: (K)		
Frequency of payment:	Affordable instalment amount:	Cost of the Project (K):
Own Contribution (K)		
Major supplier:	Number of years:	Term of purchases (cash, credit):
List of Major Assets (household and business) that can be pledged as loan security		
Item	Date purchased	Model/brand
		Purchase price
		Estimated current value
<i>Note: attach separate list of assets with above details.</i>		

PARTV – ACCOUNTS IN OTHER FINANCIAL INSTITUTIONS IN THE NAME OF THE BUSINESS			
Bank	Branch	Status (Dr/Cr)	A/C Turnover (6months)
1			
2			
3			
4.			
PART VI- LOANS WITH OTHER FINANCIAL INSTITUTIONS			
Financial Institution	Amount advanced (K'000')	Date Advanced	Period (Month)
			Expiry Date
1.			
2.			
3.			
4.			
			Outstanding Amount (K'000')

DECLARATION & AUTHORIZATION		
I/We declare and affirm that the information given herein is true to the best of my/our knowledge and belief. I/We commit to abide by the rules and regulations governing the loan and I/We further authorize Altus Financial Services Ltd to verify the information given herein and make reference from any person(s)/institution(s) including Credit Reference Bureau, creditors, suppliers other references.		
Named herein		
Name of the Director/Partner/Spouse if sole proprietor	Signature	Date
1.		
2.		
3.		
4.		
5.		

Witnessed By Loan Officer Name:.....

Loan Officer Signature:.....

Date ...../...../.....